CMS Releases Proposed Medicare Physician Fee Schedule for 2008

On July 2, CMS posted the Medicare proposed physician fee schedule rule for 2008. As required by the statutorily mandated sustainable growth rate (SGR) formula, the estimated update to the physician fee schedule for 2008 is -9.9 percent. Among other highlights of the 924-page rule, CMS proposed to accept the work values recommended by the RUC for 2008 for GI and proposes significant changes to the Physician Quality Reporting Initiative (PQRI) measures for 2008. (See below) For the text of the rule, see: http://www.cms.hhs.gov/physicianfeesched/downloads/CMS-1385-P.pdf?agree=yes&next=Accept (GI proposed RVUs are listed beginning on page 690.) The rule will be published shortly in the Federal Register. Comments will be accepted until August 31, 2007. ACG is continuing to analyze the rule.

Congressional Action Expected

Meanwhile, the Congress is now observing an Independence Day work period and is not in session, but will be very busy with a Medicare package when it returns next week. The House Committees of jurisdiction – Ways and Means and Energy and Commerce – are finalizing a package that would renew the State Children's Health Insurance Program (SCHIP) and also block the SGR cuts. A small positive update is expected; the precise amount will be dictated by budget constraints.

In the longer-term, the House Democratic package which is still being finalized is likely to move away from a single target expenditure amount to one that varies for different types of physician services (e.g., primary and preventive care including colon cancer screening; other evaluation and management services; imaging services; anesthesia and major procedures.) Preventive services would be allowed to grow at a faster rate. Unfortunately, the accumulated SGR “debt” from previous years would carry forward. Additionally, the PQRI would no longer be linked to a fee update – an idea that is likely to meet resistance from Senate Finance Committee leadership. The draft House package is also likely to include provisions on physician education for “excessive” growth and to create a new RUC advisory panel and provisions that the RUC more frequently reevaluate work values for services for which that medical technology has allowed physicians to be more efficient.

ACG is continuing to work to request that provisions of the “Colon Cancer Screen for Life Act,” (H.R. 1926/S. 1164) are added to any moving Medicare legislation. ACG Reminder: If you haven't already done so, please contact your member of Congress to urge them to co-sponsor this vital legislation. A large show of support through co-sponsorship will increase the chances that the Screen for Life Legislation will ride the SGR-SCHIP train. See: http://www.acg.gi.org/members/nataffairs/actionalert.asp
Measure Madness?

As indicated above, the proposed physician fee schedule, as required by the Tax Relief and Health Care Reconciliation Act of 2006, makes significant changes in the PQRI program, which for 2007 began on July 1 for purposes of payment bonuses. Several of the 2007 GERD measures were rejected by the National Quality Forum, and therefore CMS has proposed not to include them in the 2008 measure set. There is also a list of measures proposed by the Physician Consortium for Performance Improvement that – if adopted by the AQA or endorsed by NQF by November 15, 2007, will be included in the 2008 list of measures. These include several GI-related measures such as: assessment of GERD symptoms in patients receiving chronic medication for GERD, testing of patients with chronic Hepatitis C (HCV) for Hepatitis C Viremia, Initial HCV RNA testing, HCV Genotype testing prior to therapy, consideration for antiviral therapy in HCV patients, HCV RNA testing at week 12 of therapy, Hepatitis A and B Vaccinations in patients with HCV, counseling patients with HCV regarding the use of alcohol, colorectal cancer patients who have a pT and pNT category and histologic grade for their cancer and colorectal cancer screening.

For purposes of 2007 reporting, ACG has partnered with Health Care Economics to make a GERD measure reporting tool available.  Click here for a PQRI Coding and Documentation Quick Reference Guide .

Protect Your Privacy: Edit Your NPI Data

CMS announced on May 30, 2007 a plan for disseminating physicians' and other providers' National provider Identifiers (NPI) to the public through an online NPI registry. CMS has just announced that it will postpone making the registry available until August 1, 2007. In the meantime, CMS is allowing physicians to verify the accuracy of information and delete any information in the “optional” category that a physician does not want to share with the public. The deadline for such editing is July 16. ACG recommends that you review the information that you supplied on your NPI application to ensure its accuracy; ensure the address you supplied is your business – not home—address; and delete any optional information you do not wish to share with the public (e.g. Social Security Number, DEA number, etc.) For more information and to edit your profile, see http://www.cms.hhs.gov/NationalProvIdentStand/.